

**STATE OF SOUTH CAROLINA  
COUNTY OF GREENVILLE**

**PROBATE COURT**

**IN THE MATTER OF**

**CASE NUMBER**

**VISITOR'S REPORT**

The undersigned court-appointed visitor in this guardianship proceeding submits the following report concerning the investigation, which I conducted pursuant to Section 62-5-303 of the South Carolina Probate Code. In my visit to the place where the allegedly incapacitated person resides, I observed the following:

**REPORT ON THE INCAPACITATED PERSON:**

1. Date and place of interview:
2. Oriented as to time and place? ☐ YES ☐ NO
3. Physical Appearance:
4. Who are his/her closest family members?
5. Does he/she have a doctor? ☐ NO ☐ YES If yes, please list the doctor's name, address, and phone number.
6. Does he/she have an attorney? ☐ NO ☐ YES If yes, please list the attorney's name, address, and phone number.
7. Does he/she think he/she needs help caring for himself/herself? ☐ NO ☐ YES If yes, in what areas?
8. Would he/she like help in caring for himself/herself? ☐ YES ☐ NO
9. Does he/she know the proposed Guardian? ☐ YES ☐ NO
10. How does he/she feel about having that person appointed as his/her guardian?
11. Does he/she feel any of the guardian powers or duties should be limited or restricted in any way? If so, how?
12. How does he/she feel about the proposed guardianship?
13. How does he/she feel about the proposed scope and duration of the proposed guardianship?

### REPORT ON THE PROPOSED GUARDIAN

1. Has an adult protective service case or family management case ever been opened on this person? ☐ NO ☐ YES  
If yes, please explain.

If yes, does the DSS record reveal anything you believe the court should know? ☐ NO ☐ YES If yes, please explain.

2. Does your investigation of the proposed guardian reveal anything that you believe the court should know?  
☐ NO ☐ YES If yes, please explain.
3. Does your investigation reveal any other person who should be considered to be appointed the guardian in this matter?  
☐ NO ☐ YES If yes, please explain, including name, address, telephone, age, and relationship to allegedly incapacitated person.

### REPORT ON CONDITION OF PRESENT PLACE OF RESIDENCE

1. Date and time visited:
2. Address (include street, city, county, state, zip):
3. Type of abode:
4. Condition:
- a. exterior:
  - b. interior:
  - c. utilities working:
  - d. cleanliness:
  - e. fire hazards
  - f. other (explain):

**CONCLUSIONS AND ADDITIONAL COMMENTS:**

Prior to your visit, did you know the person who is alleged to be incapacitated? ☐ NO ☐ YES If yes, please explain.

Prior to your visit, did you know the person who is seeking appointment? ☐ NO ☐ YES If yes, please explain.

Prior to your visit, did you or do you now have a personal interest in these proceedings? ☐ NO ☐ YES If yes, please explain.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

Signature: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone (O): \_\_\_\_\_  
(H): \_\_\_\_\_